GETTING IT DONE:

UNION 2026 - #3016

Implementing the 4-month regimen for non-severe childhood tuberculosis in Uganda and the Philippines

V. CARNIMEO[1], D.K. Galvan[2], M. Namulwana[3], M. Duka[2], A. Kasozi[4], J. Aldaba[5], D. Nansera[6], R. Castro[7], M. Sekkade[8], C. Hewison[9], H. Huerga[1]

[1] Epicentre-MSF, Paris ,[2] MSF Tondo, Manila, Philippines ,[3] Epicentre-MSF Mbarara Research center, Uganda, [4] Mbarara Regional Referral Hospital, [5] University of the Philippines,[6] Mbarara RRH,[7] Manila Health Dept, Philippines, [8] Uganda MoH, [9] MSF France

BACKGROUND & METHODS

The WHO-recommended 4-month regimen for non-severe paediatric drug-susceptible (DS) TB remains underused. We assessed 4-month regimen eligibility and reasons for non-eligibility.

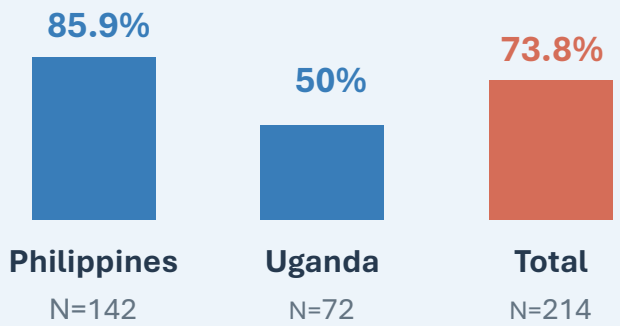
- Prospective, multi-site implementation study
- **Philippines:** 10 health centers; <16 years (Mar–Sep 2025)
- **Uganda:** 1 hospital, 2 health centers; <10 years (May–Dec 2024)
- Eligibility assessment at TB treatment initiation;
- 6-months follow-up

STUDY COHORT

214 Children enrolled

- 52.3% female
- Median age 4 years (IQR 1.5–6)
- 96.7% TB bacteriologically not confirmed

ELIGIBILITY FOR 4-MONTH REGIMEN



RADIOLOGICAL ASSESSMENT

8.2% (15/183) severe CXR findings:

183 CXR available

- Opacity ≥1 lobe (n=10)
- Pleural effusion (n=7)
- Airway narrowing (n=1)
- Miliary pattern (n=1)

REASONS FOR INITIAL 6 MONTHS REGIMEN

Non-mutually exclusive, n (%)

Reason	Philippines N = 142	Uganda N = 72	Total N = 214
Hospitalization	0 (0.0)	25 (34.7)	25 (11.7)
Severe Acute Malnutrition	5 (3.5)	18 (25.0)	23 (10.7)
Severe TB on CXR	6 (4.2)	9 (21.9)*	15 (8.2)*
TB treatment in the past 2 years	1 (0.7)	2 (2.8)	3 (1.4)

* Among children with CXR

CXR reclassified 4% (6/150) clinically eligible children as ineligible for the 4-month regimen

6-MONTH OUTCOMES

94.6% TB treatment success

2.9% Died

2.4% Lost to follow-up

Treatment extension to 6 months 4.4%

(CXR findings, persistent TB symptoms, community acquired pneumonia)

CONCLUSION

Most children with non-severe DS TB were eligible for 4-month treatment in routine primary care. Clinical assessment was sufficient for eligibility determination in most of the children. CXR rarely changed the regimen.

ACKNOWLEDGMENT:

We sincerely thank all participating children and their caregivers, the healthcare workers and study teams in Uganda and the Philippines, Médecins Sans Frontières, and the local health authorities for their invaluable contributions and support.